

Insert language in Section 6, after the last subsection entitled “How to get help with questions or problems related to your prescription drug coverage”

Medicare-Approved Discount Drug Card Program

Beginning [insert date], [name of organization] will offer a Discount Drug Card Program with the Medicare-approved seal for people with Medicare. This means Medicare has approved our drug discount card program. While Medicare has approved our drug discount card, it is separate from the Medicare program and is not intended to replace any prescription drug benefits that you get with [name of plan]. [Insert the following if enrollment fees are charged] The cost of this program is [insert amount] per year.

This program is designed to help you lower the costs of your prescription drugs. As a member of the program you will be able to receive discount prices when you use your membership card at a plan pharmacy. You may also qualify for additional assistance up to \$600 from Medicare this year and again next year to be used toward the cost of your prescription drugs from plan pharmacies. This assistance is in addition to the discounts you would get through our discount drug card program.

[Exclusive Drug Card sponsors do not include this paragraph] As a member of [name of plan], you will not automatically become a member of our Discount Drug Card Program. You have to enroll to become a member. To qualify for additional assistance up to \$600 from Medicare you will need to complete an additional form, similar to the enrollment form used when applying for [name of plan] Medicare-approved discount card. The additional form will ask questions about your current healthcare coverage and your income level. [insert instructions on who to contact to enroll/how to enroll]

You can get more information on this program from Member Services [(call the number on the cover of this booklet)/(see Section 1 for how to contact Member Services)].